DOCUMENT RESUME

ED 128 732 CG 010 841

AUTHOR Shields, E. E.; And Others
TITLE Choicepoint: A Peer Group Model for Facilitating Decision Making.
PUB DATE [73]
NOTE 10p.; Paper presented at the annual convention of the American College Personnel Association (50th, Atlanta, Georgia, March 5-8, 1975)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Alcohol Education; College Students; *Decision Making; *Group Experience; Models; *Peer Groups; *Program Descriptions; *Program Evaluation; Self Evaluation; Young Adults

ABSTRACT

Choicepoint is the name of a peer-led decision making facilitation group for college age students. Decisions appear to be a major factor in maladaptive behavior, and prevention of problems may occur through responsible decisions and behavior. Choicepoint focuses on decision making in the areas of sex, alcohol, and drugs. A structured program to facilitate self-exploration and decision making is described, and member reactions and evaluations are discussed. Although Choicepoint is difficult to evaluate, and the present study is not definitive, the model appears promising. (Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED128732

CHOICEPOINT: A PEER GROUP MODEL FOR FACILITATING DECISION MAKING

by

E. E. Shields, Ed. D.
Mental Health Center
E. Stroudsberg, Pa.

H. R. Miller, Ph. D.
Southern Illinois University
Carbondale, Ill.

David K. Dodd, B. A.

CG 010 841

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ABSTRACT

CHOICEPOINT: A PEER GROUP MODEL FOR FACILITATING DECISION MAKING

Choicepoint is the name of a peer led decision making facilitation group for college age students. Decisions appear to be a major factor in maladaptive behavior, and prevention of problems may occur through responsible decisions and behavior. Choicepoint focuses on decision making in the areas of sex, alcohol, and drugs. A structured program to facilitate self-exploration and decision making is described, and member reactions and evaluations are discussed. Although Choicepoint is difficult to evaluate, and the present study is not definitive, the model appears promising.

CHOICEPOINT: A PEER GROUP MODEL FOR FACILITATING DECISION MAKING

Choicepoint is a peer led decision making facilitation group. It was originally developed as a technique for drug abuse prevention for use with college students, but expanded to include prevention of problems with sex and alcohol (we realize that alcohol is a drug but common language usage supports the distinction).

The assumptions on which Choicepoint is based were discussed by Miller and Shields (1973). They pointed out that drug abuse has complex determinants, two major catagories of which are personal and environmental factors. Personal factors include: cognitions such as decisions, information, and values; physical state of health, pain, or addiction; personal traits such as emotionality or impulsivity; interpersonal traits such as submissiveness or introversion; and feeling states and desired feeling states such as boredom or tension. The major environmental factors were: peer group pressure, social norms, parental influence, drug availability, law enforcement, drug education, alternatives, external stress, and general living conditions. Miller and Shields speculated that drug abuse prevention programs fail because they focus on only one factor, e.g. drug information, and ignore the complex interactions among the many factors. In addition, such programs tend to ignore personal decision, which appear to be sufficient to override many other factors.

Choicepoint was influenced by Greenwald's (1971) direct decision therapy. He assumes that most conscious behavior change is the result of personal decisions, and that maladaptive behavior results from a long series of previous personal decisions.

Thus the goal of Choicepoint is to make people aware of the internal and external factors influencing them related to sex, alcohol, and drugs, and to encourage them to make a personal decision to act in whatever manner best expresses their overall needs, and values. Except for the value of responsibility via deliberate planning and decision making, Choicepoint attempts to be non-moralistic.

Sex, alcohol, and drugs were selected as targets for decision making training since abuse and problems with each is common among college students. Further, any area of ones life which might produce anxiety is appropriate for exploration in a Choicepoint group. Discussion of sex, alcohol, and drugs, may simply illustrate the process of making decisions and assuming responsibility for ones behavior as an alternative to accidentality and irresponsibility.

METHOD

Subjects

Subjects were seven Bradley University undergraduate students and one non-student all of whom responded to an advertisement in the campus newspaper. The sex ratio was 2 males and 5 females; there were two freshmen, four sophomores, and a junior; and the mean age was 19 years.

Leaders

Leaders were a female, junior, majoring in education and two male graduate students one majoring in guidance and counseling and the other in psychology. All had previous paraprofessional training, and all participated in a 20 hour long Choicepoint leader training program.

In brief, the training program included the combined areas of the psychology of interpersonal needs, the psychology of intrapersonal traits, exploration of feeling states, physical states, and cognitive states; assessment of environmental press; dissemination of information on sex, alcohol, and drugs; the theory of decision-making, and intensive discussion of personal use and attitudes towards sex, alcohol, and drugs. Basically trainees experienced the entire program that they were to eventually lead, and observed the functioning of experienced group leaders.

Procedure

Participants met with the leaders for a two-hour introductory session during which Choicepoint was explained and a few get acquainted and group formation exercises were run. The Choicepoint program consisted of a ten hour minithon session and a three hour closing session. The minithon was divided into four sections, each approximately three hours long. These sections were: A. Introduction and interpersonal understanding; B. Intrapersonal understanding; C. Information and attitude exchange on sex, alcohol, and drugs; and D. Decision-making, evaluation, and conclusion.

Section A involved a brief explanation of the purpose of Choicepoint, a contract of confidentiality, introduction of members and trainees, trust building exercises, and various encounter exercises aimed at facilitating understanding of the self in a group setting, i.e.,interpersonal functioning. Each exercise was followed by discussion of personal reactions and feelings.

Section B was of similar format to A. Using structured exercises, members were encouraged to explore their personal needs, strengths, and weaknesses, and share them with the group. The group then offered direct feedback.

Section C was subdivided into three parts. First, a short informational test on alcohol was given. Correct information was provided and misconceptions were discussed. Detailed information was not given instead members who desired

in depth information were given a reading list. Then each member was encouraged to express his own attitude and usage of alcohol and general discussion followed. The same format was then used in relation to drugs. With sex, a short informational quiz was again given. Ss practiced using a sexual vocabulary to reduce tension associated with sexual terms, body parts, and sexual acts. Finally, attitudes toward sex and related personal concerns were elicited followed by discussion and feedback. These three sections required 10 hours to complete, then the group adjourned and met the following night for 3 hours to conclude.

Section D included a more extensive discussion of the theory behind and factors involved in decision making. Each member was asked to state any decisions he had made and outline the behavioral plan he anticipated using to implement the decision. Where appropriate, the group gave feedback and added suggestions. Finally, the leaders conducted a discussion evaluating the overall effectiveness of the group. Then several written evaluation forms were handed out. A follow-up questionnaire was administered one month later.

RESULTS

From the informal group evaluation, it was apparent that much group unity had been built. Members in general felt very close to each other and had developed a high degree of trust. Verbal statements of decisions appeared to be rather vague and included such decisions as: "I have decided to be less shy and more confident," and "I have decided not to run myself down so much."

In total, 14 decisions, 9 by the members and 5 by the leaders, were stated on the "Decision Sheets" given to each member. Four of these were personal decisions, i.e., resolution to improve self; six were interpersonal decisions, i.e., to relate to others differently. Three decisions involved sex, and one concerned an educational goal. No decisions related to drugs or alcohol were made. Only seven decisions were accompanied by a behavioral plan to implement them. Of these, two involved personal decisions, two sex, and three interpersonal relations.

In response to the question "What was your purpose for signing up for this module?", eleven responses could be classified as a desire for interpersonal or group experience or to meet people. Two responses were seeking personal improvement and three were to resolve conflicts over sex. In response to the question "What did you learn about yourself and or psychology," ten responses concerned improved self-image, two educational gain, and two attitudinal changes.

The one-month follow-up questionnaire was mailed and 100% return obtained. Members were asked to recall and write from memory their previous decisions. This revealed that all 14 decisions were remembered. At least five persons reported definite improvement in the area of their decision. Two decisions were not acted on. Using a four point scale in response to the question, "How much overall impact did Choicepoint have on you?", all eight members claimed it had "some" impact, as opposed to "none," "a little" or "much." In ranking Choicepoint on the usefulness of its various aspects, personal understanding and interpersonal understanding were rated as being equally useful and more useful than either "decision-making skills" or "information and attitude exchange", which were also viewed as being of equal usefulness. After one month, Choicepoint was viewed by 5 members as being just as valuable as when they rated it at the end of the program. One rated it slightly more valuable, one slightly less valuable, and one saw it as much less valuable than he had previously rated it.

DISCUSSION

The participants agreed that a high degree of group unity and loyality had developed, in spite of only a relatively short period of contact (approximately 13 hours). The development of group cohesion is important in that much of the success of Choicepoint depends on honest exchange and feedback between members; some degree of group loyality and trust, as well as pressure.

It is difficult to assess the effectiveness of Choicepoint as a technique for facilitating decision making. Although 14 decisions were made and all were recalled by the maker one month later, the effect of these decisions, if any, is unknown. The decisions were usually vague and were not accompanied by clear behavioral implementation plans. At follow-up, two members reported that they had definitely not kept or attempted to keep a decision. The others seemed satisfied with their progress toward maintaining their decisions. However, no attempt was made to validate these self-reports.

It appears that the limited impact of the decision-training program may have been a result of the members reasons for enrolling in Choicepoint. Of 16 responses to the question, "What was your purpose for signing up?", at least 11 expressed a desire for a group or social experience, two sought personal improvement, and three expressed concern over sex. It would appear that the many members simply did not seek decision training, instead wanted a personal growth or encounter experience.

Perhaps the most positive effect of the Choicepoint group was the support and reassurance many members appeared to gain as they learned that they were not alone in their beliefs. With the widely publicised apparent increase in the abuse of sex, alcohol, and drugs among teenagers, young people with traditional values appear to feel terribly alone, possibly even abnormal. Choicepoint appears to be a vehicle whereby such attitudes and values can be openly expressed and sanctioned. This process should facilitate abuse prevention. Similarly, people whose behavior included use and abuse of sex, alcohol, and drugs are given an opportunity to examine the determinants behind their behavior, and are encouraged to take responsibility for their actions. This, too, would help prevent abuse.

The value of Choicepoint in facilitating decision making and preventing problems related to sex, alcohol, and drug abuse, is yet to be determined. The potential for such a program is exciting.

REFERENCES

Greenwald, H. Direct Decision Therapy. Voices, Spring, 1971.

Miller, H. R., and Shields, E. E. A Model for Drug Abuse Prevention. Unpublished manuscript, 1973.